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Safety Outcome 1: Children are first and foremost protected from abuse and neglect

Item 2a: Repeat maltreatment- Recurrence of Maltreatment

Summary of Federal Concerns/Issues for Item

“The State did not meet the national standard for the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a six month period. Item 2 was assigned an overall rating as an Area Needing Improvement. “Although in 91 percent of the 47 applicable cases reviewed during the onsite review, there was no repeat maltreatment, the State’s rate of repeat maltreatment for the year 2000 reported in the State data profile (10.7 percent) did not meet the national standard of 6.1 percent or less.”

Program Improvement Goal

The percentage of repeat maltreatment of children will decrease from 10.7 percent in 2000 to 8.9 percent by no later than March 31, 2005, after the PIP is approved.

Sources of Problem

- Not all counties apply uniform risk, safety and needs assessment practices to cases.
- Services are not always available to meet needs of family both to prevent the need to enter the system, and while in the system.
- Timelines for the delivery of services are too restrictive (e.g., the 12 month limit on in-home services currently in state statute).

Action Steps:

1. The CDSS will identify promising practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, in Los Angeles, the County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case (Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement). Further, the County is developing a comprehensive needs assessment that will be applied to all children entering the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los Angeles and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and

to coordinate access to services for families. **Cross-reference to Safety Outcome 1, Item 2b; Safety Outcome 2, Items 3 & 4; Permanency Outcome 1, Item 5)**

2. The CDSS will develop a legislative proposal to modify the current 12-month limit on Family Maintenance Services. This change will allow counties to have appropriate flexibility and enough time to ensure child safety and improved family functioning before closing a case. Upon passage of legislation, the CDSS will implement statewide. **(Cross-reference to Safety Outcome 2, Item 3 & 4; Permanency Outcome 1, Item 5)**
3. The CDSS, will work with the California Department of Mental Health (DMH), the California Department of Alcohol and Drug Programs (ADP), County Welfare Directors Association (CWDA), Chief Probation Officers of California (CPOC), the associations representing the county mental health directors, alcohol and drug program directors (Proposition 36 funding), and the local county First Five Association and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems. The main part of this effort, however, will occur as part of the C-CFSR county self-assessment and planning process described in the introduction. The state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. In addition, as part of the C-CFSR county self-assessment process, the state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. **(Cross-reference to Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 17; Systemic Factor 5, Item 36)**
4. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety that includes determining levels of safety, risk, parental protective capacity and family strengths and needs throughout the life of the case. **(Cross-reference to Safety Outcome 1, Item 2B; Safety Outcome 2, Items 3 & 4; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 20; Systemic Factor 5, Item 37)**
5. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign process. **(Cross-reference to Safety Outcome 2, Items 3 & 4; Well-Being Outcome 1, Item 17; Systemic Factor 5, Item 36)**

Measurement Method

The rate of repeat maltreatment will be based upon the AFCARS/NCANDS data and the C-CFSR data indicator of the number of children who were victims of repeat maltreatment (repeat maltreatment as defined in the National standard) compared to the

total number of children who were victims of maltreatment. In addition, we will use the C-CFSR process to ensure counties implement appropriate risk assessment protocols and improve outcomes.

Frequency of measurements

Measurement of progress toward national data standards using AFCARS and NCANDS data will be reported every six months. In addition, quarterly C-CFSR reports will show quantitative progress on improvement and completion of action steps by county. By June 30, 2004, we expect to improve by 0.9 percent.

Determination of Goal Achievement

The goal will be achieved when this outcome for children improves from 10.7 percent to 8.9 percent by no later than March 31, 2005, and all action steps are completed.

Safety Outcome 1: Children are first and foremost protected from abuse and neglect

Item 2b: Repeat maltreatment- Incidence of Child Abuse and/or Neglect in Foster Care

Summary of Federal Concerns/Issues for Item

“The State did not meet the national standard for the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a six month period or the national standard for the percentage of children maltreated in foster care. The State’s CWS/CMS system does not currently capture information about child maltreatment perpetrators who are relative caregivers or group home staff. Consequently, the State’s rate of maltreatment in foster care (1.06 percent) reflects only the incidence of child maltreatment experienced by children placed in a foster family agency certified homes or in licensed foster family homes.”

Program Improvement Goal

The percentage of maltreatment of children in foster care will decrease from 0.67 percent in 2000 to 0.53 percent no later than March 31, 2005.¹

Sources of Problem

- Not all counties apply uniform risk, safety, and needs assessment practices throughout the life of in-home and out-of-home cases.
- Some caregivers do not have necessary services or resources.
- Specific concerns expressed regarding hotline responsiveness to maltreatment reports in Los Angeles County.
- Inability to track abuse and neglect in relative and group home foster care settings. (Note: This issue has been addressed in the data section of the overview).
- Need for more careful screening of foster parents and other individuals living in the foster home prior to placement of a child in the home.
- Need for improved process of matching foster families with children based on children’s needs.
- Social workers not visiting children in their foster care settings with sufficient frequency to monitor risk.
- No requirement to routinely complete an updated home study/psychosocial assessment when a home is annually reassessed for continued compliance with licensing requirements.

¹ The baseline data in the safety profile was set at 1.06 percent; however a recalculation using the same methodology resulted in a revised measure of .67 percent.

Action Steps:

1. The CDSS will work with high priority counties (see glossary) to identify problem areas (see C-CFSR matrix) and will provide technical assistance (see glossary) to those counties to implement strategies to reduce the incidence of child abuse and neglect in foster care. Specifically, Los Angeles County is in the process of assessing and re-engineering all placement policies and practices with a focus on reducing incidents of maltreatment in out-of-home care.
2. The CDSS will work with counties to determine where additional support services may be needed for caregivers and identify resources that can provide support services for caregivers in counties (see C-CFSR matrix).
3. Based on what is learned in Action Steps # 1 and 2, the CDSS will identify and provide technical assistance (see glossary) to improve risk assessment practice in out-of-home care. In addition, the CDSS will provide training for hotline workers and supervisors on how to handle allegations of maltreatment of children in out-of-home care using practices from high performing (see glossary) counties as models. The CDSS will ensure that Los Angeles County hotline staff receive targeted training early in the PIP in accordance with our overall Los Angeles County strategy.
4. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. **(Cross-reference to Safety Outcome 1, Item 2A, Safety Outcome 2, Item 3&4; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 20; Systemic Factor 5, Item 37)**
5. The CDSS will identify promising practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, in Los Angeles, the County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case. Further, the County is developing a comprehensive needs assessment that will be applied to all children entering the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los Angeles and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and to coordinate access to services for families. **(Cross-reference to Safety Outcome 1, Item 2A; Safety Outcome 1, Items 3 & 4; Permanency Outcome 1, Item 5)**
6. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this

legislation, the CDSS will ensure that it is implemented statewide. **(Cross-reference to Safety Outcome 1, Item 2b, Permanency Outcome 1, Items 6 & 9, Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)**

7. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross reference to Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Items 17, 18; Systemic Factor 2, Items 25 & 28; Systemic Factor 7, Item 44)**
8. The CDSS will work with the National Resource Center on Permanency Planning and/or Special Needs Adoptions around issues of recruitment of foster parents for older youth and to represent the ethnic and racial diversity of children in care. **(Cross-reference to Permanency Outcome 1, Item 9; Systemic Factor 5, Item 37)**

Measurement Method

The count for the numerator will be based on children in non-relative foster homes and foster family agency homes who had referrals that resulted in substantiated allegations of abuse or neglect during a nine-month period from January 1 – September 30. Instances where the child was listed as the victim and the foster parent was listed as the perpetrator will be used as the numerator. This will also include cases in which the foster parent was listed as the victim and the child was listed as the perpetrator because this is a common data entry error. This count will be divided by the population of children served in non-relative foster homes and family agency homes for the same time period. Maltreatment in foster care will also be tracked for all placement types.

Frequency of Measurement

Measurement of progress toward national data standards will be reported every six months from AFCARS/NCANDS. C-CFSR quarterly reports will report quantitative progress on improvement by county and the completion of the action steps. By June 30, 2004, we will improve by 0.07 percentage points.

Determination of Goal Achievement

The goal will be achieved when the State's rate of safety for children improves from 0.67 percent, using the alternate data source for the year 2000, to 0.53 percent by March 31, 2005. All action steps will be completed.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in home and prevent removal.

Item 4: Risk of harm to child(ren).

Summary of Federal Concerns / Issues for Item

Although, the State passed this item in the onsite review, we did not achieve substantial conformity in Safety Outcome 2 because the outcome was substantially achieved in 85.1 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.

For Item 3, an overall rating of Strength was assigned “because in 89% of the cases, reviewers determined that the agency made diligent efforts to maintain children safely in their own homes to prevent removal or facilitate family reintegration after reunification.”

For Item 4, an overall rating of Strength was assigned “because in 87.2 percent of the applicable cases, reviewers determined that CDSS made diligent efforts to reduce the risk of harm to children.” Key concerns identified in the case reviews pertained to “risk assessments that failed to address underlying risk-related issues, such as domestic violence or mental illness, and lack of follow-up to ensure services were received.”

In addition, stakeholders expressed concerns about the ability of child welfare service agencies to protect children in-home effectively with a 12-month limitation placed on in-home services as contained in state statute. Stakeholders also suggest that services should be terminated according to whether a risk of harm continues to be present rather than whether the 12-month time limitation has been reached. The key concern for stakeholders was that 12 months may not be sufficient to resolve all of the family issues that contribute to the risk of harm to the child.

Program Improvement Goal

We will decrease our rate of recurrence of abuse or neglect in cases where children are not removed from the home from our baseline of 23.0 percent in calendar year 2002 by two percentage points by March 31, 2005.

Sources of Problem

- Not all counties apply uniform risk, safety and needs assessment practices to cases that to identify the underlying issues.
- Timelines for the delivery of services are too restrictive.

Action Steps:

1. The CDSS will identify promising practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, Los Angeles County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case. Further, the County is developing a comprehensive needs assessment that will be applied to all children entering the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los Angeles County and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and to coordinate access to services for families. **(Cross-reference to Safety Outcome 1, Items 2A & 2B; Permanency Outcome 1, Item 5)**
2. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. **(Cross-reference to Safety Outcome 1, Items 2A & 2B; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 20; Systemic Factor 5, Item 37)**
3. The CDSS will develop a legislative proposal to modify the current 12-month limit on Family Maintenance Services. This change will allow counties to have appropriate flexibility and enough time to ensure child safety and improved family functioning before closing a case. Upon passage of legislation, the CDSS will implement statewide. **(Cross-reference to Safety Outcome 1, Item 2A; Permanency Outcome 1, Item 5)**
4. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign Process. **(Cross-reference to Safety Outcome 1, Item 2A; Well-Being 1, Items 17; Systemic Factor 5, Item 36)**

Measurement Method

We calculate the baseline using calendar year 2002 data. This baseline calculation includes all children who have a substantiated or inconclusive allegation of maltreatment and who remained in the home. In the home is defined as no removal during the first referral episode closed during the benchmark year. There were 351,253 cases with this condition between 1/1/2002 and 12/31/2002. This number forms the denominator for the ratio. From these cases, we selected all cases where the next event was a substantiated maltreatment referral. There were 80,684 cases with this

condition. This number forms the numerator for our ratio. We then divided 80,684 by 351,253 to get a ratio of 23.0%.

Frequency of Measurements

Progress will be reported using C-CFSR quarterly reports that provide county-level quantitative information on the recurrence of maltreatment. In addition, we will report in our quarterly reports on completion of each action step. By June 30, 2004, we will improve by one percentage point.

Determination of Goal Achievement

The goal will be achieved when there is a two-percentage point reduction in the recurrence of abuse or neglect in cases where children are not removed from the home, and action steps are completed.

Permanency Outcome 1 – Children have permanency and stability in their living situations.

Item 5 – Foster Care Re-entries

Statewide Data Indicator: Foster Care Reentries

Summary of Federal Concerns/Issues for Item

Item 5 was assigned an overall rating of Area Needing Improvement. The federal report stated that “despite the finding that no re-entries into foster care occurred in the cases reviewed, data from the State Data Profile indicate that California’s re-entry rate for fiscal year 2000 (10.7 percent) does not meet the national standard of 8.6 percent or less. It is necessary that the criteria and standards for both the case review and the statewide data measures be met for the item to receive an overall rating of Strength.”

Program Improvement Goal

The rate of children re-entering foster care will decrease from 10.7 percent in fiscal year 2000 to 9.4 percent June 30, 2005.

Sources of Problem

- Timelines for the delivery of services are too restrictive reducing the ability to deliver services in family maintenance cases.
- Not all counties apply uniform risk, safety and needs assessment practices to cases.
- Lack of clear guidance regarding the use of trial home visits.
- Insufficient resources available to help maintain families when children returned home.
- Worker caseloads are too high, which impacts the ability of child welfare agencies to provide sufficient post-reunification services.

Action Steps:

1. The CDSS will identify promising practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, Los Angeles County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case. Further, the County is developing a comprehensive needs assessment that will be applied to all children entering the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los Angeles County and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and to

coordinate access to services for families. **(Safety Outcome 1, Item 2A; Safety Outcome 2, Items 3 & 4)**

2. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. **(Cross-reference to Safety Outcome 1, Items 2A & 2B; Safety Outcome 2, Items 3 & 4; Well-Being Outcome 1, Item 20; Systemic Factor 5, Item 37)**
3. The CDSS will develop a legislative proposal to modify the current 12-month limit on Family Maintenance Services. This change will allow counties to have appropriate flexibility and enough time to ensure child safety and improved family functioning before closing a case. Upon passage of legislation, the CDSS will implement statewide. **(Cross-reference to Safety Outcome 1, Item 2A; Safety Outcome 2, Items 3 & 4)**
4. The CDSS, with the Judicial Council, will propose legislation to include language on the use of trial home visits when pursuing reunification and expanded permanency options. This will reduce the inappropriate movement of children in and out of foster care. Additionally, we will ensure that counties and courts use trial home visits, TPR, and permanency options appropriately and consistently. **(Cross-reference to Permanency Outcome 1, Item 8)**
5. The CDSS, will work with the California Department of Mental Health (DMH), the California Department of Alcohol and Drug Programs (ADP), County Welfare Directors Association (CWDA), Chief Probation Officers of California (CPOC), the associations representing the county mental health directors, alcohol and drug program directors (Proposition 36 funding), and the local county First Five Association and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems. The main part of this effort, however, will occur as part of the C-CFSR county self-assessment and planning process described in the introduction. The state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. In addition, as part of the C-CFSR county self-assessment process, the state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. **(Cross-reference to Safety Outcome 1, Item 2A; Well-Being Outcome 1, Item 17; Systemic Factor 5, Item 36)**
6. As part of the Redesign, CDSS will create opportunities to reduce high caseloads and workloads in order to improve caseworker practice and create a beneficial service environment for children and families.

Measurement Method

Meeting this improvement goal requires a 1.3 percentage point improvement by the end of the PIP. Progress will be measured every six months using the AFCARS indicator for foster care re-entry by calculating the percent of all children entering care during the Federal fiscal year who re-entered foster care within 12 months of a prior episode. Progress also will be measured using the C-CFSR alternative quarterly performance indicators related to foster care re-entry.

Frequency of Measurement

Measurement of progress toward achieving the national data standard will be reported from AFCARS every six months. In addition, C-CFSR quarterly reports will measure quantifiable improvement. We will report quarterly completion of action steps. By June 30, 2004, we will see a 0.65 percentage point improvement.

Determination of Goal Achievement

The goal will be achieved when the rate of children re-entering foster care is 9.4 percent and all action steps have been completed.

Permanency Outcome 1 – Children have permanency and stability in their living situations

Item 6 – Stability of foster care placement Statewide Data Indicator: Stability in Foster Care

Summary of Federal Concerns/Issues for Item

Item 6 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Although 76 percent of the applicable cases were rated as a Strength for this item, in 24 percent of the applicable cases, reviewers determined that children experienced multiple placement changes that did not assist in further attainment of their goals or their treatment plans.” “In addition, data from the State Data Profile indicate that the percentage of children experiencing no more than 2 placements in their first 12 months in foster care (77.8 percent) does not meet the national standard of 86.7 percent or more.”

Program Improvement Goal

The percentage of children who have two or fewer foster care placements in the first year of their latest removal will increase by 3.8 percentage points based on calendar year 2000 AFCARS data to 81.6 percent by June 30, 2005.

Sources of Problem

- The initial placement of children sometimes does not consider all of the needs for special needs children with complex mental health or behavioral health needs.
- The separate licensing and adoption approval processes currently required of caregivers are not coordinated with permanency decisions in mind.
- Children are moved multiple times without a look at all the options available to ensure safety and permanency.
- Lack of sufficient placement resources.

Action Steps:

1. The CDSS will provide technical assistance to high priority (see glossary) counties to identify and implement promising practices that reduce multiple placements. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement. Additionally, the State will work to increase the number of counties that use the Family to Family Initiative. **(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Item 17; Well-Being Outcome 1, Items 18 & 20; Systemic Factor 2, Item 25; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)**

2. Concurrent planning is required by State law. The CDSS will issue an All County Information Notice (ACIN) to clarify and resolve outstanding concurrent planning implementation issues, such as the importance of integrating adoption practices earlier in the case plan and appropriate training of foster parents to support reunification and permanency for children. This will improve the effectiveness of this statutory requirement.
3. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this legislation, the CDSS will ensure that it is implemented statewide. **(Cross-reference to Safety Outcome 1, Item 2b, Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)**
4. As part of the C-CFSR self-assessment and planning processes, counties will identify unmet placement resource needs, including foster and adoptive parents for older and special needs children. Each county will develop a recruitment strategy as part of their plan. **(Cross-reference to Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)**

Measurement Method

Progress toward achieving the goal will be measured using AFCARS data for stability in foster care. This is calculated using the percent of all children who have been in foster care less than 12 months from the time of the latest removal and had no more than two placement settings. Interim progress will be measured quarterly using the C-CFSR data indicators related to stability in foster care. In addition, we will track quarterly progress in implementing all action steps.

Frequency of Measurement

Measurement of progress toward national data standards will be reported from AFCARS every six months. Quarterly reports will report on quantitative progress and on the completion of action steps. By June 30, 2004, we will improve by 1.9 percentage points.

Determination of Goal Achievement

The goal will be achieved when the rate of children having two or fewer placement settings is at 81.6 percent for stability in foster care by June 30, 2005, and all action steps have been completed.

Permanency Outcome 1 – Children have permanency and stability in their living situations.

Item 7 – Permanency goal for children

Summary of Federal Concerns/Issues for Item

Item 7 was assigned an overall rating of Area Needing Improvement. The federal report stated, “Although this item was rated as a Strength in 76 percent of the applicable cases, in 24 percent of these cases, reviewers determined that the agency had not established an appropriate goal for the child in a timely manner.” As stated in the executive summary, “A key finding was that the goal of reunification was being maintained for long periods of time, even when there was a lack of evidence that reunification was likely to occur.” Further, the report stated, “According to the Statewide Assessment, all case plans for foster children who are being reunified must have a concurrent plan for permanency. However, there was little evidence of this in cases reviewed in Los Angeles County.”

Program Improvement Goal

We will increase our rate of timely establishment of appropriate permanency goals from our baseline of 79.7 percent in calendar year 2002 by three percentage points by June 30, 2005.

Sources of Problem

- Permanency goals are not always reassessed after the initial permanency hearing.
- All counties have not implemented concurrent planning fully.

Action Steps:

1. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs **(Cross-reference to Permanency Outcome 1, Items 8 ,9,& 10; Systemic Factor 2, Item 28)**
2. The CDSS, with the Judicial Council, will develop and implement an educational program through the CDSS’ contract with JRTA to provide training to all judges on current law regarding Termination of Parental Rights (TPR) and concurrent planning. **(Cross reference to Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28)**

3. The CDSS will develop a legislative proposal to strengthen requirements that counties reconsider permanency options at each permanency planning review hearing for children who must remain in care, so if circumstances have changed, the child can be re-engaged in reunification or adoption services. Legislation is needed because no court rules exist to require reassessment of permanency every six months. Upon enactment, the CDSS will implement statewide.
(Cross-reference to Permanency Outcome 1, Item 10; Systemic Factor 2, Item 28)
4. The CDSS will study and report on the feasibility of including a core element in the PQCR or other options to measure the timely establishment of appropriate permanency goals.

Measurement Method

We calculated the baseline using calendar year 2002 data. This baseline calculation includes all child welfare supervised children or probation supervised children in the CWS/CMS system that had an open placement record any time during 2002. We calculated time in care using the placement end date or 12/31/02 for open placements. Then we looked backward to identify all cases with at least 17 months of time in care. There were 80,721 placements open 17+ months. Next, we excluded the 8,596 cases with missing permanency goal information. This left 72,125 cases. Of these cases, 14,614 cases had reunification goals at 17 months. We then divided 14,614 by 72,125 to get a ratio of 20.3%. We computed the benchmark by subtracting 20.3% from 100% to get 79.7%. We used this approach because all the cases that do not have a reunification goal have another permanency goal recorded in the CWS/CMS.

Frequency of Measurements

Progress will be measured and reported using the quarterly C-CFSR reports. By June 30, 2004, we will improve by 1.5 percentage points. In addition, we will report annually the proportion of children in care for 17+months by permanency goal including adoption, guardianships, long term foster care, and reunification.

Determination of Goal Achievement

The goal will be achieved when the percentage of children in which a timely establishment of permanency has improved by three percentage points from the baseline calendar year 2002 data.

Permanency Outcome 1 – Children have permanency and stability in their living situations.

Item 8 – Reunification, Guardianship or Permanent Placement with Relatives Statewide Data Indicator: Length of time to achieve reunification

Summary of Federal Concerns/Issues for Item

Item 8 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Although 81 percent of the applicable cases were rated as a Strength for this item, in 19 percent of applicable cases, reviewers determined that the agency had not made diligent efforts to attain the goals of reunification, permanent placement with relative, or guardianship in a timely manner.” “In addition, data from the State Data Profile indicated that the percentage of reunifications occurring within 12 months of entry into foster care (53.2 percent) does not meet the national standard of 76.2 percent or more.”

Program Improvement Goal

California’s goal will be to improve performance (the percent of children who were reunified in less than 12 months from the latest removal) from 53.2 percent in fiscal year 2000 to 57.2 percent by June 30, 2005, which is a four-percentage point improvement.

Sources of Problem

- Not all counties have implemented fully concurrent planning.
- Reunification services may not include trial home visits.
- Discharge dates and reasons not always completed in CWS/CMS.

Action Steps:

1. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. **(Cross-reference Permanency Outcome 1, Items 7, 9 & 10; Systemic Factor 2, Item 28)**
2. The CDSS, with the Judicial Council, will propose legislation to include language on the use of trial home visits when pursuing reunification and expanded permanency options. This will reduce the inappropriate movement of children in and out of foster care. Additionally, we will ensure that counties and courts use trial home visits, TPR, and permanency options appropriately and consistently. **(Cross-reference to Permanency Outcome 1, Item 5)**

3. The CDSS, as part of its on-going effort to improve county data collection for the CWS/CMS will instruct counties to address the need to ensure that case closure and case plan transfer dates and reasons are completed in CWS/CMS.

Measurement Method

Progress will be measured using AFCARS data that calculate the percent of children who were reunified in less than 12 months from the latest removal. Progress also will be measured quarterly using the C-CFSR data indicators related to exits from foster care, including to reunification (C-CFSR measure 3A). In addition, we will track quarterly progress in implementing all action steps.

Frequency of Measurements

Measurement of progress toward national data standards will be reported using AFCARS every six months. C-CFSR quarterly reports will report on quantifiable improvement. Our quarterly reports also will identify the completion of action steps. By June 30, 2004, we will improve by two percentage points.

Determination of Goal Achievement

The goal will be achieved when California's performance in this area has improved by four percentage points and by the completion of all action steps.

Permanency Outcome 1 – Children have permanency and stability in their living situations

Item 9 - Adoption

Statewide Data Indicator: Length of time to achieve adoption

Summary of Federal Concerns/Issues for Item

Item 9 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Although 60 percent of the applicable cases were rated as a Strength for this item, in 40 percent of the applicable cases, reviewers determined that CDSS had not made diligent efforts to achieve adoptions in a timely manner.” “In addition, data from the State Data Profile indicate that the percentage of finalized adoptions in FY 2000 that occurred within 24 months of the child’s removal from home (18 percent) does not meet the national standard of 32.0 percent or more.”

In the two applicable cases in which this item was rated an Area Needing Improvement, reviewers determined that the agency had not actively pursued the goal of adoption and that the agency paperwork was not completed in a timely manner.

Program Improvement Goal

California’s goal will be to improve on the length of time to achieve adoption of children to 20.9 percent, which is an increase of 2.9 percentage points from the FFY 2000 benchmark.

Sources of Problem

- Counties focus on providing adoption services to children in the system for more than 24 months, which affects the measurement of this outcome.
- Counties have not implemented concurrent planning fully.
- The separate licensing and adoption approval processes currently required of caregivers are not coordinated with permanency decisions in mind.
- Courts’ desire to have all the elements of a permanency plan in place before approving a petition to terminate parental rights.
- Court’s unwillingness to approve a petition for terminating parental rights and child welfare agencies’ unwillingness to file for TPR if an adoptive home is not identified.
- Delays in finalizing adoptions after TPR due primarily to delays in the home study process.
- Belief among agency workers that services will cease when children are adopted, particularly independent living services.
- Belief among agency workers that older children are “unadoptable.”
- Belief among agency workers that the adoption assistance program does not include the same services and/or sufficient financial assistance.

Action Steps:

1. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. **(Cross-reference to Permanency Outcome 1, Items 7, 8 & 10; Systemic Factor 2, Item 28)**
2. CDSS will track progress and provide technical assistance (see glossary) to Los Angeles County's implementation of their comprehensive 2003 Adoption Initiative. This Initiative, which incorporates recommendations from the Los Angeles Auditor-Controller report, will significantly increase the number of adoptions and reduce the average length of time for home studies.
3. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this legislation, the CDSS will ensure that it is enacted statewide. **(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Systemic Factor 2, Item 28, Systemic Factor 7, Item 44)**
4. The CDSS, with the Judicial Council, will develop and implement an educational program through the CDSS' contract with JRTA to provide training to all judges on current law regarding Termination of Parental Rights (TPR) and concurrent planning. **(Cross-reference to Permanency Outcome 1, Items 7; Systemic Factor 2, Item 28)**
5. CDSS will issue an All County Information Notice (ACIN) to counties to clarify existing policy and to highlight importance of seeking adoptive homes for children of all ages and special needs; and availability of Adoption Assistance Program (AAP) payments to families when child is adopted regardless of age or special needs **(Cross-reference to Systemic Factor 2, Item 28; and Systemic Factor 7, Item 44.)**
6. The CDSS will work with the National Resource Center on Permanency Planning and/or Special Needs Adoptions around issues of recruitment of foster parents for older youth and to represent the ethnic and racial diversity of children in care. **(Cross-reference to Safety Outcome 1, Item 2b; Systemic Factor 5, Item 37)**
7. The CDSS will work with counties, the California Social Work Education Center (CalSWEC) and the Regional Training Academies (RTAs) to develop requirements and competencies for child welfare workers and supervisors with

the goal of strengthening case practice. The CDSS will ensure that the contracts with the regional training academies include provisions requiring the academies to develop common core curricula to ensure training in comprehensive family needs assessments, including assessing educational and mental health needs of all children both in-home and out-of-home, and that training is consistent statewide. **(Cross-reference to Systemic Factor 2, Item 28; Systemic Factor 4, Item 32)**

8. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs **(Cross-reference to Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 & 28; Systemic Factor 4, Item 32)**
9. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. **(Cross-reference to Permanency Outcome 1, Item 9; Permanency Outcome 2, Item 14; Systemic Factor 2, Item 28; Systemic Factor 2, Item 32)**
10. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups into all decisions made by the child welfare service system. This process will include ongoing technical assistance to the counties on issues such as cultural competence, intake processes, services designed to prevent entry into foster care, and foster parent recruitment **(Cross-reference to Well-Being Outcome 1, Item 17; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37; Systemic Factor 7, Item 44)**

Measurement Method

Progress will be measured using AFCARS data for all children who exited care to a finalized adoption in less than 24 months. Progress will also be measured quarterly using the C-CFSR data indicators (see C-CFSR matrix 3D & 3A) related to length of time to achieve adoption. In addition, we will track quarterly progress in implementing all action steps.

Frequency of Measurements

Measurement of progress toward national data standards will be reported using AFCARS every six months. C-CFSR quarterly reports will measure quantitative improvement. In addition, we will report on completion of action steps. By June 30, 2004, we will improve by 1.45 percentage points.

Determination of Goal Achievement

The goal will be achieved when the length of time to achieve adoption of children has improved to 20.9 percent, which is an increase of 2.9 percentage points, and all action steps have been completed.

Permanency Outcome 1 – Children have permanency and stability in their living situations.

Item 10 – Permanency goal of other planned permanent living arrangement

Summary of Federal Concerns/Issues for Item

Item 10 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Although 50 percent of the 4 applicable cases were rated as Strength for this item, in 50 percent of the cases, reviewers determined that the agency had not made concerted efforts to ensure permanency for children with regard to alternative living options.” “The key concern was that the goal of long-term foster care was established for children without adequate exploration of other possible goals, such as adoption or guardianship.”

Program Improvement Goal

We will reduce the proportion of children with a goal of long-term foster care at two years after entry from our baseline of 39.9% in calendar year 2002 by three percentage points by June 30, 2005.

Sources of Problem

- Permanency goals are not always reassessed after the 12 month permanency hearing.
- Alternate permanency options are not sufficiently considered during permanency planning.

Action Steps:

1. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. **(Cross-reference to Permanency Outcome 1, Items 7, 8 & 9; Systemic Factor 2, Item 28)**

2. The CDSS will develop a legislative proposal to strengthen requirements that counties reconsider permanency options at each permanency planning review hearing for children who must remain in care, so if circumstances have changed, the child can be re-engaged in reunification or adoption services. Legislation is needed because no court rules exist to require reassessment of permanency every six months. Upon enactment, the CDSS will implement statewide. **(Cross-reference to Permanency Outcome 1, Item 7; Systemic Factor 2, Item 28)**

Measurement Method

We calculate the baseline using calendar year 2002 data. The cohort represents the number of children in placements any time during 2002. The time in care calculation uses the placement end date, or 12/31/02, for open placements. We then calculate the ratio of children who have a goal of long term foster care to the total number of children in placements for the relevant period. There were 66,665 children in care for 2 years or more. We excluded 6,531 children with missing goal information for a total of 60,134 children with complete goal information. There were 24,013 children with long-term foster care goals out of the 60,134 placements open 2 or more years. We then divided 24,013 by 60,134 to get a ratio of 39.9%.

Frequency of Measurements

Progress will be tracked using quarterly reports from CWS/CMS data. By June 30, 2004, we will improve by 1.5 percentage points.

Determination of Goal Achievement

The goal will be achieved when the proportion of children in care more than two years with a goal of long-term foster care is reduced by three percentage points from the calendar year 2002 baseline data and by the completion of all action steps.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 14: Preserving Connections

Summary of Federal Concerns/Issues for Item

The determination of lack of substantial conformity on Permanency Outcome 2 was based on the finding that the outcome was rated as substantially achieved in 88.0 percent of the cases, which is less than the 90 percent required for substantial compliance. With respect to Item 14, Preserving Connections, the final report stated “Reviewers indicated that in 21 of the 25 cases, children’s primary connections had been ‘significantly’ preserved.” The final report indicates this lack of conformity was “not an area of egregious weakness,” but that the State needed to make improvements. Five of the six items assessed for this outcome were assigned an overall rating of Strength: proximity of foster care placement, placement of siblings, visiting with parents and siblings in foster care, relative placement and relationship of child in care with parents.

“Reviewers indicated that in 21 of 25 cases reviewed, children’s primary connections had been significantly preserved while they were in foster care; in 4 of the 25 cases, children’s primary connections had been ‘partially’ preserved.” In one case the report states “the agency and foster parent were not assisting the child in maintaining connections to his racial heritage.” In the remaining three cases, “the placement facility was not assisting the child in remaining connected to extended family and/or friends”. Key federal concerns focused largely on four of the cases reviewed and on stakeholder input that indicated difficulty in maintaining connections, especially for Indian children with their tribes.

Program Improvement Goal

We will increase from the baseline survey by three percentage points the percentage of children whose primary connections -- including extended family, friends, community, and racial heritage -- are preserved by June 30, 2005.

Sources of Problem

- Some caregiver facilities have restrictive policies on family contacts, which can limit connection to family, friends, racial heritage, and community.
- Appropriate county staff are not fully trained in Indian Child Welfare Act (ICWA) requirements.

Action Steps:

1. The CDSS will provide technical (The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement

promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Well-Being Outcome 1, Items 17, 18; Systemic Factor 2, Items 25 & 28; Systemic Factor 7, Item 44)**

2. The CDSS will work with Indian tribes to ensure that tribal voice and involvement are integrated into training curricula.
3. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. **(Cross-reference to Permanency Outcome 1, Item 9; Permanency Outcome 2, Item 14; Systemic Factor 2, Item 28; Systemic Factor 2, Item 32)**
4. The CDSS will review policies and procedures with foster family agencies and group home facilities to ensure worker understanding of the need to maintain connections and to remove barriers to compliance so that agency social workers maintain a child's family and community connections. This action step will ensure that these activities do not conflict with certain case planning goals.
5. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)**
6. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)**

7. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)**
8. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)**
9. CDSS will study and report on the feasibility of surveying older youth in in- or out-of-home placements.

Measurement Method

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: foster parents and foster caregivers for children in out-of-home placements.
- Survey includes a set of questions about whether the child had contact during the current placement with: extended family members, friends, community of faith, groups related to racial heritage, and after school activities. If the child is American Indian, the survey will ask a subset of additional questions.
- Calculation of performance measure: A score will be computed, giving one point for each connection maintained (Possible range 1 to 5). A score of 3 or higher indicates successful preservation of primary connections.

Frequency of Measurements

Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

Determination of Goal Achievement

The goal will be achieved when there is a three-percentage point improvement from the baseline survey in the percentage of children whose primary connections -- including extended family, friends, community, and racial heritage -- are preserved; and all action steps are completed.

Well-Being Outcome 1 – Families Have Enhanced Capacity to Provide for Their Children’s Needs

Item 17 – Needs and services of child, parents, and foster parents

Summary of Federal Concerns/Issues for Item(s):

Item 17 was assigned an overall rating of Area Needing Improvement. According to the federal report, the item “was rated as a Strength in 32 (65 percent) of the 49 applicable cases,” and “was rated as an Area Needing Improvement in 17 (35 percent) of the 49 applicable cases.” The federal report stated, “Although there were no cases in which reviewers found that CDSS had not addressed the needs of foster parents, several stakeholders commenting on this topic expressed the opinion that foster parents and relative caregivers are not always adequately supported and ‘desperately’ need services such as respite care and in-home training and assistance from mental and physical health professionals to care for special needs children.”

Program Improvement Goal:

We will increase from the baseline survey by three percentage points the percentage of children, parents, and caregivers whose needs were assessed and who received services to meet those needs by June 30, 2005.

Sources of Problem

- Services are not always available to meet the identified needs.
- Assessments and case plan goals do not always address the families or foster parent’s needs.

Action Steps:

1. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Item 18; Systemic Factor 2, Items 25 & 28; Systemic Factor 7, Item 44)**

2. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement of all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 18 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 & 28; Systemic Factor 4, Item 32)**
3. The CDSS will submit a legislative proposal to expand the time allotted to develop an appropriate case plan from 30 days to the federal requirement of 60 days. This will give social workers additional time to engage all family members, and to assess and address comprehensively child and family service needs. Upon enactment, the CDSS will implement statewide. **(Cross-reference to Well-Being Outcome 1, Items 18; Systemic Factor 2, Item 25)**
4. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign process. **(Cross-reference to Safety Outcome 1, Item 2A; Safety Outcome 2, Items 3 & 4; Systemic Factor 5, Item 36)**
5. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups into all decisions made by the child welfare service system. This process will include ongoing technical assistance to the counties on issues such as cultural competence, intake processes, services designed to prevent entry into foster care, and foster parent recruitment. **(Cross-reference to Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37; Systemic Factor 7, Item 44)**
6. The CDSS, will work with the California Department of Mental Health, the California Department of Alcohol and Drug Programs, County Welfare Directors Association, Chief Probation Officers of California, the associations representing the county mental health directors, alcohol and drug program directors (Proposition 36 funding), and the local county First Five Association and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems. The main part of this effort, however, will occur as part of the C-CFSR county self-assessment and planning process described in the introduction. The state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. **(Cross-reference to Safety Outcome 1, Item 2a; Permanency Outcome 1, Item 5; Systemic Factor 5, Item 36)**
7. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the

instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.**

8. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.**
9. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.**
10. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**

Measurement Method

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: For FM case: parent. For FR case: parent as well as foster parent/caregiver. For PP case: foster parent.
- Survey includes a set of parallel questions for each of the parents/foster parents and relevant children in the family.

Calculation of performance measure: CDSS will calculate two performance measures: (1) Assessment percentage (number of persons receiving assessment divided by the number of persons identified as case/family members) and (2) a Services percentage (number of persons receiving services divided by number of persons assessed).

Frequency of Measurements

Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

Determination of Goal Achievement

The goal will be achieved when there is a three percentage point increase above the baseline survey in the percentage of children, parents, and caregivers whose needs were assessed and who received services to meet those needs; and all action steps are completed.

Well-Being Outcome 1 – Families Have Enhanced Capacity to Provide for Their Children’s Needs

Item 18 – Child and family involvement in case planning

Summary of Federal Concerns/Issues for Item(s):

Item 18 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Item 18 was rated as a Strength in 26 (53 percent) of the 49 cases”, and “Item 18 was rated as an Area Needing Improvement in 23 (47 percent) of the 49 cases.” The report further stated that “Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 47 percent of the cases, reviewers determined that CDSS had not made diligent efforts to involve parents and/or children in the case planning process.”

Program Improvement Goal:

We will increase from the baseline survey by three percentage points the percentage of children, parents, and caregivers involved in case planning by June 30, 2005.

Sources of Problem

- Practice does not always emphasize child and parent involvement in case planning.
- With the existing 30 day requirement to develop a case plan there is not always enough time to involve the family.
- Workers do not always visit with parents in accordance with their case plan.

Action Steps:

1. The CDSS will issue an All County Information Notice (ACIN) clarifying that case plans require family engagement and clarifying the importance of documentation of child and family involvement in the case planning process. This engagement includes informing parents of their rights and responsibilities regarding the case planning process. **(Cross-reference to Systemic Factor 2, Item 25)**
2. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross reference to Safety Outcome 1, Item 2b;**

Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Item 17; Systemic Factor 2, Items 25 & 28; Systemic Factor 7, Item 44)

3. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement of all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs. **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2, Items 25 & 28; Systemic Factor 4, Item 32)**
4. The CDSS will submit a legislative proposal to expand the time allotted to develop an appropriate case plan from 30 days to the federal requirement of 60 days. This will give social workers additional time to engage all family members, and to assess and address comprehensively child and family service needs. Upon enactment, the CDSS will implement statewide. **(Cross-reference to Well-Being Outcome 1, Items 17 & 18; Systemic Factor 2, Item 25)**
5. The CDSS will work with California Youth Connection (CYC) to ensure that youth voice and involvement are integrated into the case planning process. **(Cross-reference to Systemic Factor 2, Item 25)**
6. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**
7. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**
8. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include

completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**

9. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**

Measurement Method

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents and foster parents/caregivers for children in both in-home and out-of-home placements.
- Calculation of performance measure: CDSS will calculate: (1) Percentage of cases in which case plan was discussed at all. (2) Where the plan was discussed, the percentage discussed with (a) interviewee, (b) interviewee and case child.

Frequency of Measurements

Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

Determination of Goal Achievement

The goal will be achieved when there is a three-percentage point increase over the baseline survey in the percentage of children, parents, and caregivers involved in case planning and all action steps have been completed.

Well-Being Outcome 1 – Families Have Enhanced Capacity to Provide for Their Children’s Needs

Item 20 – Worker visits with parent(s)

Summary of Federal Concerns/Issues for Item(s):

Item 20 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Item 20 was rated as a Strength in 36 (82 percent) of the 44 cases. The report further stated that “Item 20 was assigned an overall rating of Area Needing Improvement in 8 (18 percent) of the 44 cases.” The report summarizes this item by stating “This item was assigned an overall rating of Area Needing Improvement because in 18 percent of the applicable cases, reviewers determined that the frequency and/or quality of caseworker visits with parents were not sufficient to promote the safety and well-being of the child or promote attainment of case goals.”

Program Improvement Goal:

- (1) We will increase from the baseline survey the compliance by workers with planned parent visit schedules from the baseline by three percentage points by June 30, 2005.
- (2) We will increase from the baseline survey by three percentage points the percentage of parents whose ability to safely parent the in home child was promoted/assisted by the social work visits by June 30, 2005.
- (3) We will increase from the baseline survey by three percentage points the percentage of parents whose ability to meet their case plan goals was promoted/assisted by the social work visits by June 30, 2005.

Sources of Problem

- Frequency of visits were not sufficient to assure safety in the home.
- Quality of visits were not sufficient to assure safety in the home.

Action Steps:

1. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children’s needs; assessing all in-home children’s educational needs and assessing all in-home children’s mental health needs
(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17 & 18; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 & 28; Systemic Factor 4, Item 32)

2. The CDSS, through the Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. **(Cross-reference to Safety Outcome 1, Items 2A& 2B; Safety Outcome 2, Items 3 & 4; Permanency Outcome 1, Item 5; Systemic Factor 5, Item 37)**
3. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23)**
4. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**
5. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**
6. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**

Measurement Method

For all three goals we will use the following approach:

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents for children in FM and FR service components.

(1):

- Survey includes three items to measure this. These questions ask about the number of actual visits during the last two months, whether the SW established a regular visiting schedule, and, if so, how many visits were in the SW's schedule during the last two months.

(2):

- Survey includes one item to measure this: "Did the social worker help you become a better parent?" Yes / No
- Calculation of performance measure: A "yes" indicates that social worker visits promoted safe parenting.

(3):

- Survey includes two items to measure this:
- " Did your social worker talk with you about what you need to do to get your children back?" Yes / No
- B. If yes: Interviewee will indicate which services were received from a pick list of services.
- If no: Interviewee will be asked choose from a pick list of barriers to services, including child care, transportation, and others.

Calculation of performance measure: A "yes" indicates that social worker visits promoted parent's ability to meet case plan goals. For program planning purposes, the lists of services and barriers will be analyzed to identify substantive issues.

Frequency of Measurements

Progress will be reported through quarterly reports. The reports will document progress towards completion of the action step and will report on the survey data. Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

Determination of Goal Achievement

The goal will be achieved when : 1) We increase the compliance by workers with planned parent visit schedules from the baseline by three percentage points; 2) We increase from the baseline survey by three percentage points the percentage of parents whose ability to safely parent the in home child was promoted/assisted by the social work visits; and 3) We will increase from the baseline survey by three percentage points the percentage of parents whose ability to meet their case plan goals was promoted/assisted by the social work visits; and all action steps are complete.

Well-Being 2 - Children receive appropriate services to meet their educational needs

Item 21: Educational Needs of Child

Summary of Federal Concerns/Issues for Item:

Item 21 was assigned an overall rating of Area Needing Improvement. Although the item was rated as a Strength in 81 percent of the 37 applicable cases, in 19 percent (seven cases) of the 37 applicable cases, the final report stated it was “determined that CDSS had not made diligent efforts to meet the educational needs of children.” The key concern identified in the report was that “in some cases although educational needs were assessed, services were not provided to meet identified needs.” This was noted to be particularly true for children for whom in-home services were being provided.

Program Improvement Goal:

We will increase from the baseline survey by three percentage points the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for educational needs by June 30, 2005.

Source of Problem

- Barriers between some Local Education Agencies and counties regarding access to services
- Complete family assessments and referrals may not occur for all children in
- in-home cases.

Action Steps:

1. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children’s needs; assessing all in-home children’s educational needs and assessing all in-home children’s mental health needs
(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 & 28; Systemic Factor 4, Item 32)
2. The CDSS will issue an All County Letter (ACL), which instructs counties to ensure that educational needs for all children in the home are assessed and to document how the identified educational needs were addressed in the case plan.

3. The CDSS, including Cal WORKS and Cal Learn staff, will work with the California Department of Education to develop protocols for counties and local school districts to implement to improve educational services to children with identified needs.
 4. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)**
- Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)**
 - Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)**
 - End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)**

Measurement Method

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents and foster parents/caregivers for all children in the home, under age 18, in both in-home and out-of-home placements.

Calculation of performance measure: CDSS will calculate: (1) Percentage of cases in which educational needs were assessed at all. (2) Percentage of children with educational needs who received services.

Frequency of Measurements

Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2

Determination of Goal Achievement

This goal will be achieved when there is a three percentage point increase over the baseline survey in the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for educational needs; and all action steps are completed.

Well-Being Outcome 3 - Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

Item 23: Mental Health of the Child

Summary of Federal Concerns/Issues for Item:

Item 23 was assigned an overall rating of Area Needing Improvement. The final federal report stated that “Item 23 was rated as a Strength in 26 (74 percent) of the 35 applicable cases. Item 23 was rated as an Area Needing Improvement in nine (26 percent) of the 35 applicable cases.” The report further stated that “reviewers determined that CDSS had not made concerted efforts to address the mental health needs of children.” As noted in the federal report, “Most of these cases involved children receiving services while remaining in their homes.” Also, the number of foster care youth moving into adult mental health systems is not available and multi-agency data collection among State agencies on a variety of mental health needs for children and youth in foster care is absent.”

Program Improvement Goal:

We will increase from the baseline survey by three percentage points the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for mental health services by June 30, 2005.

Source of Problem

- Lack of documentation that services were provided by other service providers.
- Complete family assessments and referrals may not occur for all in-home children.

Action Steps:

1. The CDSS will issue an All County Letter (ACL) that instructs counties to document how identified mental health needs are addressed. In addition, the ACL will instruct counties on the importance of assessing the needs of all children in families with in-home cases.
2. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children’s needs; assessing all in-home children’s educational needs and assessing all in-home children’s mental health needs (**Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 2, Item 21; Systemic Factor 2 Items 25 & 28; Systemic Factor 4, Item 32**)

3. The CDSS will work with the State Department of Mental Health, County Welfare Directors Association, County Probation Officers Association and County Mental Health Directors Association to improve and expand access to mental health services. In addition, the CDSS will use this work group to improve access to data from the mental health system to ensure that children in in-home cases are linked to the system.
4. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)**
5. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)**
6. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)**
7. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)**

Measurement Method

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents and foster parents/caregivers for children attending school, in both in-home and out-of-home placements.

Calculation of performance measure: CDSS will calculate: (1) Percentage of cases in which mental health needs were assessed at all. (2) Percentage of children with mental health needs who received services.

Frequency of Measurements

Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

Determination of Goal Achievement

This goal will be achieved when there is a three percentage point increase over the baseline survey in the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for mental health services; and all action steps are completed.

Systemic Factor 1 – Statewide Information System- Passed

Systemic Factor 2 - Case Review System

Item 25 - Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

Summary of Federal Concerns/Issues for Item:

Item 25 was rated as an Area Needing Improvement. The final report states that "Although State statutes require caseworkers to develop case plans and to involve parents in the development process, there is no statewide protocol in place to ensure parent and child participation in developing the case plan." It further stated that "In 47 percent of applicable cases reviewed during the CFSR, (parents and children, when appropriate) were not involved in developing the case plan." A key concern was that according to many stakeholders and case reviewers, the most common approach to the case planning process is one in which the caseworker prepares the plan and then presents it to the family.

Program Improvement Goal:

We will increase implementation of the Family to Family Initiative. By June 30, 2005, Family to Family will be available in counties whose CWS caseload combined represents 60 percent of CWS caseload statewide. Family to Family will be implemented countywide in these counties. Please note, it is the State's intent to eventually implement Family to Family statewide.

Source of Problem

- Insufficient time to engage and work with family to develop plans
- Not all counties have implemented known practices that ensure family engagement in case planning
- Current monitoring system does not hold staff accountable for ensuring family involvement in case planning

Action Steps:

1. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs.
(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Item 28; Systemic Factor 4, Item 32)

2. The CDSS will issue an All County Information Notice (ACIN) clarifying that case plans require family engagement and clarifying the importance of documentation of child and family involvement in the case planning process. This will include informing parents of their rights and responsibilities regarding the case planning process. **(Cross-reference to Well-Being Outcome 1, Item 18)**
3. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Items 17, 18; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)**
4. The CDSS will work with California Youth Connection (CYC) to ensure that youth voice and involvement are integrated into the case planning process. **(Cross-reference to Well-Being Outcome 1, Item 18)**
5. The CDSS will submit a legislative proposal to expand the time allotted to develop an appropriate case plan from 30 days to the federal requirement of 60 days. This will provide more opportunity to address child and family service needs and increase engagement of the child and family in the case plan. Upon enactment, the CDSS will implement statewide. **(Cross-reference to Well-Being Outcome 1, Items 17, 18 & 20)**

Measurement Method

We will measure improvements in our case review process by measuring increases in the use of the Family to Family Initiative, which emphasizes family engagement in the case planning. We also intend to capture qualitative information on county practice using our C-CFSR Peer Quality Case Review process. Together, these measures provide qualitative information on improved practice in family engagement in case planning to accomplish case plan goals.

Frequency of Measurements

The CDSS will also monitor improvement in case planning practice using quarterly county reports and the C-CFSR qualitative case review process

Determination of Goal Achievement

The goal will be achieved when the percent of caseload covered by Family to Family has increased to 60 percent and all action steps are completed.

(Revised July 16, 2003)

Systemic Factor 2 – Case Review System

Item 28 – Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act

Summary of Federal Concerns/Issues for Item

Item 28 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Although the State has statutory and regulatory requirements for terminating parental rights (TPR) for children in foster care for 15 of the most recent 22 months, when TPR is not sought, the agency is not consistent in documenting reasons for not filing for TPR.” “In addition, often the agency will not seek TPR, and/or the court will not grant TPR, unless an adoptive home for the child has been identified and the pre-adoptive home demonstrates a readiness to adopt.” “These practices are not in accordance with the provisions of the Adoption and Safe Families Act (ASFA).”

Program Improvement Goal

We will decrease the proportion of children in care for at least 17 of the last 22 months without a TPR--who are not in a relative, guardian, or pre-adoptive placement, not a runaway or on a trial home visit -- from our baseline of 89.5 percent in 2002 by two percentage points by 6-30-05.

Source of Problem

- “Compelling reason” for not filing TPR not documented in case file.
- Permanency plans are not submitted timely to the courts
- When the permanency plan is adoption, TPRs are not uniformly approved in a timely fashion
- Courts’ desire to have all the elements of a permanency plan in place before approving a petition to terminate parental rights
- Lack of monitoring whether the requirements for TPR are being followed.
- The belief among agency workers that services will cease when children are adopted, particularly independent living services.
- The belief among agency workers that older children are “unadoptable”.
- The belief among agency workers that the adoption assistance program does not include the same services and/or sufficient financial assistance.
- The need to strengthen the recruitment of adoptive families, especially for older youth and special needs children.

Action Steps:

1. The CDSS, with the Judicial Council, will develop and implement an educational program through the CDSS' contract with JRTA to provide training to all judges on current law regarding TPR and concurrent planning. **(Cross-reference to Permanency Outcome 1, Items 7 & 9)**
2. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. **(Cross-reference to Permanency Outcome 1, Items 7, 8, 9 & 10)**
3. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this legislation, the CDSS will ensure that it is implemented statewide. **(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Items 6 & 9; Systemic Factor 7, Item 44)**
4. CDSS will issue an All County Information Notice (ACIN) to counties to clarify existing policy and to highlight importance of seeking adoptive homes for children of all ages and special needs; and availability of AAP payments to families when child is adopted regardless of age or special needs **(Cross-reference to Permanency Outcome 1, Item 9; Systemic Factor 7, Item 44.)**
5. The CDSS will provide technical (The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Items 17, 18 & 20; Systemic Factor 2, Item 25)**
6. As part of the C-CFSR self- assessment and planning processes, counties will identify unmet placement resource needs, including foster and adoptive parents for special needs and older children. Each county will develop a recruitment strategy as part of their plan. **(Cross-reference to Permanency Outcome 1, Item 6)**

7. The CDSS will develop a legislative proposal to strengthen requirements that counties reconsider permanency options at each permanency planning review hearing for children who must remain in care, so if circumstances have changed, the child can be re-engaged in reunification or adoption services. Legislation is needed because no court rules exist to require reassessment of permanency every six months. Upon enactment, the CDSS will implement statewide. **(Cross-reference to Permanency Outcome 1, Items 7 & 10)**
8. The CDSS will issue an All County Information Notice (ACIN) clarifying diligent recruitment efforts and strategies for improving recruitment. **(Cross-reference to Systemic Factor 7, Item 44)**
9. The CDSS will work with counties, the California Social Work Education Center (CalSWEC) and the Regional Training Academies to develop requirements and competencies for child welfare workers and supervisors with the goal of strengthening case practice. The CDSS will ensure that the contracts with the regional training academies include provisions requiring the academies to develop common core curricula to ensure training in comprehensive family needs assessments, including assessing educational and mental health needs of all children both in-home and out-of-home, and that training is consistent statewide **(Permanency Outcome 1, Item 9; Systemic Factor 4, Items 32 and 33)**
10. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Item 25; Systemic Factor 4, Item 32)**
11. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. **(Cross-reference to Permanency Outcome 1, Item 9; Permanency Outcome 2, Item 14; Systemic Factor 2, Item 28; Systemic Factor 2, Item 32)**
12. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups, specifically African and Native American children, into all decisions made by the child welfare service system. This process will include ongoing technical assistance (see glossary) to the counties on issues such as cultural competence, intake processes and foster

parent recruitment. **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37; Systemic Factor 7, Item 44)**

Measurement Method

We calculated the baseline using calendar year 2002 data. This baseline calculation includes all children in the CWS/CMS system that had an open out-of-home placement on December 31, 2002. We calculated the length of stay during this period using the removal date. For those children with two or more removals, we used the earliest date of removal in our calculation to capture the cumulative time in care. We used March 1, 2001 for those placements that began 22 months before December 31, 2002 and the placement end date (or December 31, 2002 for those placements that had not ended at the end of the period). Using these cutoff dates, we looked backward from December 31, 2002 to identify the length of time these placements were open during this period. This produced 93,982 placements.

From this total, we subtracted certain placement settings; in care less than 17 months, relative placements, guardian placements, pre-adoptive placements, runaways, and trial home visits. After removing these cases, we had 27,890 placements (of which 24,963 did not have TPRs). To compute the baseline, we divided 24,963 by 27,890 to get 89.5 percent.

Frequency of Measurements

Progress will be tracked using CWS/CMS, county quarterly reports, and JRTA information. The county and JRTA reports will document progress toward completion of the action steps. In addition, we will use qualitative information from the Peer Quality Case Review process. By June 30, 2004, we will show a 1.0 percentage point improvement.

Determination of Goal Achievement

This goal will be achieved when the proportion of children in care for at least 17 of the last 22 months without a TPR—who are not in a relative, guardian, or pre-adoptive placement, not a runaway or on a trial home visit—decreases from our baseline of 89.5 percent in calendar year 2002 by two percentage points by 6-30-05 and all action steps are complete.

Systemic Factor # 3: Quality Assurance System

Item 31 – The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

Summary of Federal Concerns/Issues for Item

This item was rated as an Area Needing Improvement. The federal report stated that “Although the State has a Quality Assurance (QA) system, the primary QA activity-Division 31 compliance review system-assesses compliance with only six factors and does not assess the effectiveness and quality of services delivered.”

Program Improvement Goal

California will develop and fully implement its new outcomes based quality assurance system (the C-CFSR system) in January 2004 and complete a review of at least 15 counties by June 30, 2005.

Sources of Problem

- California currently only measures process not quality of services and outcomes
- California’s current monitoring mechanisms do not identify strengths and needs of the service delivery system

Action Step:

1. CHHS and CDSS will develop the C-CFSR system, and CDSS will implement the C-CFSR system. This process is described in more detail in narrative section this PIP, under Item 31, “Measurement Method” section.

Measurement Method

This improvement goal was determined by State statute. We will track implementation of the C-CFSR system by completing at least 15 county, including Los Angeles, C-CFSR reviews by June 30, 2005. A complete C-CFSR review includes completing a county self-assessment, a system improvement plan, and a Peer Quality Case Review.

Frequency of Measurements

Implementation will be measured by completion of action steps and the number of county C-CFSR’s. Progress will be reported quarterly.

Determination of Goal Achievement

This goal will be achieved when the C-CFSR is implemented and at least 15 counties have completed reviews by June 30, 2005.

CALIFORNIA CHILD AND FAMILY REVIEW SYSTEM -- SUMMARY

The C-CFSR outcomes and accountability system includes the four following elements. Taken together, these multiple layers of information will provide the insight needed to understand how the child welfare system works and how to improve practice in the field.

From the perspective of implementation, a complete county review includes each element. All counties will undertake a complete review, including a Peer Quality Case Review (PQCR), every three years. In general, information gathered from the county self-assessment and the Peer Quality Case Reviews shall be used to inform every county's System Improvement Plan (SIP).

Due to constraints during implementation, it is likely that approximately two-thirds of the counties will have to submit the System Improvement Plan without having first undergone a Peer Quality Case Review during the initial review cycle. In these counties, the PQCR will follow later in the first cycle. Counties will be selected to undertake a full review during the initial cycle based on the assessment of measured outcomes provided by the CDSS.

1. County Self-Assessment

Purpose: This regular review is a county's opportunity to explore how local program operations and other systemic factors affect measured outcomes.

Process: Each county shall conduct a county self-assessment every three years. At the beginning of the first year of each review cycle, CDSS will provide the counties with the data profiles described above. The counties will then begin the process of pulling together the necessary planning participants, analyzing the data, and preparing the report.

Content: The self-assessment must include an analysis of the county's performance relative to the federal CFSR outcomes and indicators, California's outcomes and indicators, and must include population-based consideration of how county resources contribute to prevention of child maltreatment. One component of the county self-assessment is the review of process measures. The measures will be used to explore how the process of providing care is related to outcomes. The primary source of data for the self-assessment must be CWS/CMS.

2. Peer Quality Case Reviews

Purpose: The purpose of the Peer Quality Case Review (PQCR) is to learn, through intensive examination of county child welfare practice, how to improve child welfare services and practices in California. The PQCR, along with the self-assessment, should inform the development and revision of county System Improvement Plans.

Process: The State, in partnership with the county under review, shall conduct a Peer Quality Case Review in each county -- not simply those with the most need for improvement -- every three years. Approximately 15-20 counties will be reviewed annually.

Content: The PQCR team will analyze a variety of data sources, starting with the information gathered during the county's self-assessment, to better understand services delivered to children and their families. In addition to information from the self-assessment, reviews will involve collection of other data deemed necessary by the review team, such as stakeholder focus groups, interviews, and surveys. All reviews will also involve structured case reviews with case carrying social workers. As necessary, the review team may examine systemic factors, including those identified as part of the self-assessment.

3. County System Improvement Plan

Purpose: The county SIP is the operational agreement between the county and the State outlining how the county will improve its system of care for children and youth and forms an important part of the system for reporting on progress toward meeting agreed upon improvement goals using the C-CSFR outcomes and indicators.

Process: Counties submit their SIP to the CDSS after completion of the county self-assessment. The county will provide CDSS with an annual update to the county SIP.

The county boards of supervisors will approve the county SIP and verify local coordination and integration before submitting the plan to the State. The county SIP plans will be posted online and available for public comment.

A CDSS review team will analyze and assess the county SIP and updates, and evaluate how the local CWS system operates. Following this review, the CDSS may make recommendations for improvements to the county SIP. The CDSS has final authority to assign the contents of the plan and/or the degree of improvement required for successful completion of the plan.

Content: For those outcome indicators for which the county performance is determined to be below the statewide standard, the county SIP must include milestones, timeframes, and proposed improvement goals the county must achieve. Counties demonstrating consistently poor overall performance and/or reduced compliance with the outcome measures specified in the C-CFSR will receive focused technical assistance and training. If a high priority county demonstrates a lack of good faith effort

to actively participate in this process or any portion thereof, and/or consistently fails to follow State regulations and/or make the improvements outlined in the county SIP, CDSS, in accordance with current law, has authority under Welfare and Institutions Code Section 10605 to compel county compliance through a series of measured formal actions up to state administration of the county Program.

4. State Training and Technical Assistance

Purpose: The key to improving child welfare outcomes is supporting the professionals who have chosen to practice social work. The State must provide them with the support they need to continually refresh and improve their child welfare practices and enable them to do the best job they can.

Process: To that end, the CDSS will monitor the annually updated county SIP on a regular basis using the Quarterly Program Management reports.

Content: The primary focus of the monitoring will be on the progress towards reaching the goals in areas identified as needing improvement in the county SIP. Through regular analysis of this information, CDSS, in partnership with the county, will provide ongoing targeted technical assistance to assist counties in their efforts to improve performance on outcome measures. Training and technical assistance is not limited to areas needing improvement. In an effort to continually improve outcomes for children and families, counties may request training or technical assistance to assist with continual program improvement in areas of strength not requiring CDSS monitoring. Finally, CDSS will develop a statewide plan for training and will regularly consult with the Regional Training Academies to ensure both consistent training across counties and that curricula reflect training known to reinforce research-based effective practice.

Systemic Factor # 4: Staff/Provider Training

Item 32 – The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

Summary of Federal Concerns/Issues for Item

Item 32 was rated as an area needing improvement. The federal report stated that “Although the State makes available an array of training opportunities and some counties have implemented formal new-worker training, there is no statewide requirement for initial training for all staff that supports the goals and objectives of the Child and Family Services Plan.”

“Stakeholders commenting on this topic expressed concern about the lack of uniform statewide requirements for staff training or staff development.” Because training is a county-specific activity, stakeholders felt there is considerable variation across the State. Another concern expressed was that “because of high caseloads, case managers and supervisors do not have the opportunity to mentor new staff and provide sufficient hands-on training.”

The report noted that in some counties there is a lack of necessary training for probation staff regarding specific child welfare requirements. Stakeholders in one county reported that cross-training activities with probation, law enforcement, mental health, public health and court personnel were extremely helpful and conducive to strengthening partnerships. “Stakeholders in the two other counties reported that there is no cross training between CWS and probation, and suggested that this would be useful for both agencies.”

Program Improvement Goal:

We will develop a common core curriculum for all new child welfare workers and supervisors that is delivered by all training entities statewide.

Source of Problem

- Current training system does not track and assess new staff training.
- Currently the CDSS does not have mandatory uniform statewide minimum core curriculum for initial training.
- Because of their high caseloads, case managers and supervisors do not have the opportunity to mentor new staff and provide sufficient hands-on training.
- Lack of necessary training of probation staff regarding Division 31 regulations.

Action Steps:

1. The CDSS will use the C-CFSR county self-assessment and System Improvement Planning processes to determine how initial and on-going training is provided in the counties. **(Cross-reference to Systemic Factor 4, Item 33)**
2. The CDSS will work with counties, the California Social Work Education Center (CalSWEC) and the Regional Training Academies (RTAs) to develop requirements and competencies for child welfare workers and supervisors with the goal of strengthening case practice. The CDSS will ensure that the contracts with the regional training academies include provisions requiring the academies to develop common core curricula to ensure training in comprehensive family needs assessments, including assessing educational and mental health needs of all children both in-home and out-of-home, and that training is consistent statewide. **(Cross-reference to Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28)**
3. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 & 28)**
4. The CDSS will work with the regional training academies to ensure that child welfare managers and supervisors receive priority training, using standardized curricula, on evidence-based techniques for mentoring new and seasoned staff.
5. The CDSS will work with the Resource Center for Family Focused Practice to ensure that relevant probation officers receive priority training on child welfare requirements including concurrent planning, and visitation requirements and the TPR process.
6. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. **(Cross-reference to Permanency Outcome 1, Item 9; Permanency Outcome 2, Item 14; Systemic Factor 2, Item 28; Systemic Factor 2, Item 32)**

Measurement Method

We will measure improvement in this goal by reporting on completion of action steps.

Frequency of Measurements

Progress will be tracked quarterly.

Determination of Goal Achievement

This goal will be achieved when a common core curriculum is implemented in every county to train all new child welfare workers and child welfare/probation supervisors.

Systemic Factor # 4: Staff/Provider Training

Item 33 – The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

Summary of Federal Concerns/Issues for Item

Item 33 was rated as an area needing improvement. The federal report stated that “Although a variety of continuing education and training opportunities are made available to staff, there are no statewide requirements for on-going training of staff that support the goals of the Child and Family Services Plan.” Participation in on-going training is not required of CWS staff. Stakeholders requested ongoing and consistent training in: concurrent planning, engaging families in case planning/developing useful case plans, philosophy behind reunification and permanency, managing hotline calls and forensic interviewing. Stakeholders noted that there are no statewide requirements with respect to supervisory training, although California Social Work Education Center has identified supervisory training as a priority for next year. Stakeholders also voiced concern about the lack of necessary training for probation staff regarding specific child welfare requirements.

Program Improvement Goal:

We will establish and implement statewide minimum requirements for the ongoing training of existing staff by June 30, 2005.

Source of Problem

- Current training system does not track and assess existing staff training.
- Currently the CDSS does not have mandatory uniform statewide minimum core curriculum for on-going training.
- Lack of necessary training for probation staff regarding specific child welfare requirements.
- No statewide requirements with respect to supervisory training.

Action Steps:

1. The CDSS will use the C-CFSR county self-assessment and System Improvement Planning processes to determine how on-going training is provided in the counties and to address gaps in ongoing training identified in the C-CFSR process. **(Cross-reference to Systemic Factor 4, Item 32)**
2. The CDSS will establish requirements for ongoing, consistent statewide training of existing staff, with a focus on areas needing improvement as identified by the C-

CFSR including comprehensive family needs assessments, and assessing the educational and mental health of all children, both in-home and out-of-home.

Measurement Method

We will measure improvement in this goal by reporting on the completion of action steps.

Frequency of Measurements

Progress will be tracked quarterly.

Determination of Goal Achievement

This goal will be achieved when statewide minimum statewide training requirements for existing staff are in place.

SYSTEMIC FACTOR #4 – Staff/Provider Training

Item 34 - The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Summary of Federal Concerns/Issues for Item(s):

Item 34 was assigned an overall rating of Area Needing Improvement. The federal report stated that "Although the State makes training for foster and adoptive caregivers and group care staff available, there is no uniform statewide training required for all caregivers. In addition, because training requirements for caregivers vary across the State, when foster parents trained in one county move to another county, the training they have received does not always meet the requirements of the new county."

Program Improvement Goal:

A standard core curriculum will be developed and used to train caregivers in all counties by June 30, 2005.

Source of Problem

- Caregiver training currently is decentralized to the counties, community colleges, and group home provider associations.
- The CDSS does not have mandatory statewide standards for caregiver training other than for hours of training.

Action Steps:

1. The CDSS will work with the counties, community colleges, and other children's stakeholders to develop a standard core curriculum for all caregivers. This process will consider differing needs of different caregiver groups.
2. Ensure that county C-CFSR self-assessment and System Improvement Plans include ongoing assessment of strengths and needs of caregiver groups in their county.

Measurement Method

We will measure improvement in this goal by reporting on completion of action steps.

Frequency of Measurements

Progress will be tracked quarterly.

Determination of Goal Achievement

The goal will be met when a standard core curriculum is developed and all caregivers are trained.

Systemic Factor # 5: Service Array

Item 36 – The services in Item 35 are accessible to families and children in all political jurisdictions covered in the State’s CFSP

Summary of Federal Concerns/Issues for Item

Item 36 is rated as an area needing improvement. The federal report stated that, “Although the State has many services available, significant service gaps exist. In addition, although there are pilot programs operating in the State that are implementing promising practices, there is no unified approach to implementing promising practices statewide. Finally, there is a lack of necessary services available in all counties, and in some counties, there are often long waiting lists for these services.”

Program Improvement Goal

Of counties where service gaps are identified in the C-CFSR process, 20% of the counties will have addressed at least one identified service gap by June 30, 2005.

Sources of Problem

- Currently, there is no mechanism to assess and address service needs.
- Currently, there is no systematic approach for implementing promising practices statewide.

Action Steps:

1. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign process. **(Cross-reference to; Safety Outcome 1, Item 2a; Safety Outcome 1, Items 3 &4; Well-Being Outcome 1, Item 17)**
2. Each county, using the C-CFSR system, will identify its service gaps for youth, Native American children, and African American children, and develop county system improvement plans to address those gaps. This process also will include gap analysis for services needed to prevent removal and include steps to reduce those gaps **(Cross-reference to Systemic Factor 5, Item 37)**
3. The CDSS will sponsor a Family Strengths Training Institute between the State, counties and interested stakeholders which will cover programs, policies, and current and pending legislation in child welfare, including the Independent Living Program, the Indian Child Welfare Act, Wraparound Services, culturally appropriate community based services and other initiatives. This Institute provides an opportunity to update and exchange information about promising practices among

managers and staff from child welfare services, juvenile probation, and community based organizations. **(Cross-reference to Systemic Factor 5, Item 37)**

4. CHHS will work with CDSS, California Department of Mental Health (DMH), the California Department of Alcohol and Drug Programs (ADP), Department of Health Services (DHS), Department of Developmental Services (DDS), Department of Justice, California Department of Education (CDE) County Welfare Directors Association (CWDA), Chief Probation Officers of California (CPOC), and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems. In addition, as part of the C-CFSR county Self-Assessment process, the state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. **(Cross-reference to Safety Outcome 1, Item 2A; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 17)**
5. The CDSS will create a clearinghouse to disseminate information to counties and provide technical assistance (see glossary) to help implement promising and evidence-based practices.

Measurement Method

As part of the C-CFSR, the County Self-Assessment will require all counties to identify service array practices, needs and issues. Subsequently, the C-CFSR SIPs will include strategies and actions counties will take to reduce those gaps. The CDSS will receive reports quarterly on county progress.

Frequency of Measurements

Progress will be tracked through the annually updated SIPs and the county C-CFSR quarterly reporting system.

Determination of Goal Achievement

The goal will be achieved when 20% of the counties have addressed at least one identified service gap by June 30, 2005.

Systemic Factor # 5: Service Array

Item 37 – The services in Item 35 can be individualized to meet the unique needs of children and families served by the agency

Summary of Federal Concerns/Issues for Item

Item 37 is rated as an Area Needing Improvement. The federal report stated that, “Although counties have the flexibility to develop and deliver services to meet unique community needs, stakeholders conveyed concern about a lack of individualized services for youth and Native American children. In addition, many of the cases reviewed had case plans that were generic and lacked an individualized approach to serving children and families.”

Program Improvement Goal

Of counties where improvement is needed, as identified in the C-CFSR process, for (1) service array for youth and Native American and African American children, and (2) case plans are generic and lack an individualized approach, 20% of the counties will have addressed at least one identified service gap by June 30, 2005.

Source of Problem

- Inadequate services for youth and Native American children.
- Lack of individualized case plans for children and families.
- Lack of individualized services to prevent inappropriate entry of African American children into foster care.

Action Steps:

1. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. **(Cross-reference to Safety Outcome 1, Item 2A & 2B; Safety Outcome 2, Items 3 & 4; Permanency Outcome 1, Item 5; Systemic Factor 5, Item 37)**
2. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups into all decisions made by the child welfare service system. This process will include ongoing technical assistance to the counties on issues such as cultural competence, intake processes, services designed to prevent entry into foster care, and foster parent recruitment. **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Item 17; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37; Systemic Factor 7, Item 44)**

3. Each county, using the C-CFSR system, will identify its service gaps for youth, Native American children, and African American children, and develop county system improvement plans to address those gaps. This process also will include gap analysis for services needed to prevent removal and include steps to reduce those gaps. **(Cross-reference to Systemic Factor 5, Item 36)**
4. The CDSS will sponsor a Family Strengths Training Institute between the CDSS, counties and interested stakeholders which will cover programs, policies, and current and pending legislation in child welfare, including the Independent Living Program, the Indian Child Welfare Act, Wraparound Services, culturally appropriate community based services and other initiatives. **(Cross-reference to Systemic Factor 5, Item 36)**
5. The CDSS will work with the National Resource Center on Foster Care and Permanency Planning and/or Special Needs Adoptions around issues of recruitment of foster parents for older youth and to represent the ethnic and racial diversity of children in care. **(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 9)**

Measurement Method

As part of the C-CFSR, the County Self-Assessment will require all counties to identify service array needs for youth and Native American and African American children, as well as individualized case plans. Subsequently, the C-CFSR SIPs will include strategies and actions counties will take to reduce those gaps. The CDSS will measure improvement in this goal by monitoring and documenting progress of county SIPs

Frequency of Measurements

Progress will be tracked using the quarterly C-CFSR reports and completion of action steps.

Determination of Goal Achievement

The goal will be achieved when 20% of the counties have addressed at least one identified service gap in individualized case planning by June 30, 2005.

Systemic Factor #6 – Agency Responsiveness to Community - Passed

Systemic Factor #7: - Foster and Adoptive Parent Licensing, Recruitment and Retention

Item: 42 – The Standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds

Summary of Federal Concerns/Issues for Item

The federal report stated that, “Although CDSS has one common set of licensing/approval standards, there is evidence that, across counties, staff interpretation of the standards is not consistent. As a result, the same standards are not being applied to all foster family homes. In addition, there are relative foster family homes that have not been assessed and approved against the new standards.”

Program Improvement Goal

The State will ensure that all State/County licensing and approving staff are trained on and apply the same licensing/approval standards to all foster family homes.

Source of Problem

- County staff are not all trained on application of standards.
- The state did not institute a formal assessment process for relative approvals until October 24, 2002, which included a mandated uniform assessment tool that all counties are required to follow.

Action Steps:

1. The State has instituted a formal process for relative approvals.
2. . CDSS institutes a formal process to train all state and county foster care licensing/approval staff on applying the same licensing/approval standards.

Measurement Method

CDSS will track the delivery of statewide training of staff performing relative approvals and licensing to ensure consistency and accuracy

Frequency of Measurements

Progress will be reported quarterly.

Determination of Goal Achievement

County and state staff receive consistent training and all action steps are complete.

Systemic Factor 7 – Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 44 – Recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Summary of Federal Concerns/Issues for Item(s):

Item 44 was assigned an overall rating of Area Needing Improvement. The federal report stated that “the State does not have a statewide process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of the children in care.” The report further stated that “Stakeholders noted that there is a need to recruit more Native American and African American homes.” This finding is not consistent with information reported in the Statewide Assessment. According to the Statewide Assessment, California has a process in place to recruit potential foster and adoptive parents that reflects the diversity of the State’s foster children. A key strength for California is its ability to identify, search for and assess relatives of children in care as placement resources. Over 50 percent of California’s foster children are placed with relatives. Therefore, over 50 percent of California’s resources families reflect the ethnic and racial diversity of children in care. These ethnic and racially diverse resource families prove to be the most effective in recruiting others to be foster/adoptive parents.

Program Improvement Goal

Each county will implement a state-approved recruitment plan that reflects the racial and ethnic diversity of children in care by June 30, 2005.

Source of Problem

- The State does not have a mechanism to assess and address whether counties are diligently recruiting for foster and adoptive homes that reflect the racial and ethnic diversity of children in care.

Action Steps:

1. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross-reference to Safety Outcome 1, Item 2b;**

Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Items 17 & 18; Systemic Factor 2, Items 25 & 28)

2. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this legislation, the CDSS will ensure that it is implemented statewide. **(Cross-reference to Safety Outcome 1, 2B; Permanency Outcome 1, Items 6 & 9; Systemic Factor 2, Item 28)**
3. The CDSS will issue an All County Information Notice (ACIN) clarifying diligent recruitment efforts and strategies for improving recruitment. **(Cross-reference to Systemic Factor 2, Item 28)**
4. To the extent permissible with the Multiethnic Placement Act and other state and federal statute, we will begin collecting race/ethnic information on foster and adoptive parents.
5. As part of the C-CFSR self- assessment and planning processes, counties will identify unmet placement resource needs, including foster and adoptive parents for special needs and older children. Each county will develop a recruitment strategy as part of their plan. **(Cross-reference to Permanency Outcome 1, Item 6; Systemic Factor 2, Item 28)**
6. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups, specifically African and Native American children, into all decisions made by the child welfare service system. This process will include ongoing technical assistance (see glossary) to the counties on issues such as cultural competence, intake processes and foster parent recruitment. **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Item 17; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37)**
7. CDSS will issue an ACIN to counties to clarify existing policy and to highlight importance of seeking adoptive homes for children of all ages and special needs; and availability of AAP payments to families when child is adopted regardless of age or special needs **(Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28)**

Measurement Method

Through the County System Improvement Plan component of the C-CFSR system, the State will ensure that each County has a recruitment plan that will result in the recruitment of caregivers that reflect the racial and ethnic diversity of children in care.

Frequency of Measurements

Measurements of progress will be reported through the annually updated recruitment plans as part of the SIPs.

Determination of Goal Achievement

The goal will be achieved when each county has implemented a State approved recruitment plan that reflects the racial and ethnic diversity of children in care.